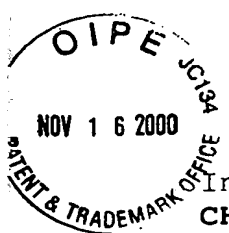


RECEIPT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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TC 2100 MAILROOM

In re Patent Application of:
CHAPMAN ET AL.

Serial No. **09/596,629**

Filing Date: **June 19, 2000**

For: **METHOD AND SYSTEM FOR
DISTRIBUTING A DOCUMENT
OVER AN INTRANET**

REQUEST FOR CORRECTION TO THE FILING RECEIPT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The filing receipt for the subject patent application has been received and reviewed for accuracy. A discrepancy has been discovered. The filing receipt in error lists the middle initial of the first applicant, Connie Chapman, as "C". The correct middle initial is **L**.

In view of the error noted, it is respectfully requested that a corrected filing receipt be issued in this application. If any fee is believe to be necessary, authorization is given to charge Deposit Account No. **01-0484**.

Respectfully submitted,

Michael W. Taylor

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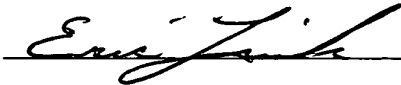
In re Patent Application of
CHAPMAN ET AL.
Serial No. 09/596,629
Filed **June 19, 2000**



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CERTIFICATE OF MAILING

I HEREBY CERTIFY that this **REQUEST FOR CORRECTION TO**
THE FILING RECEIPT for U.S. Serial No. 09/596,629 is being
deposited with the United States Postal Service as First Class
Mail in an envelope addressed to: ASSISTANT COMMISSIONER FOR
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November, 2000.





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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	PAT. LOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/596,629	06/19/2000	2776	2032	FE0040355504	47	70	7

Christopher F Regan
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Orlando, FL 32802-3791

FILING RECEIPT



OC000000005474922

Date Mailed: 10/16/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Connie C. Chapman, Manassas, VA ;
Melanie M Langston, Manassas, VA ;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/141,306 06/28/1999
AND CLAIMS BENEFIT OF 60/146,254 07/29/1999

Foreign Applications

If Required, Foreign Filing License Granted 08/08/2000

Title

Method and system for distributing an invention disclosure over an intranet

Preliminary Class

707

Data entry by : DAY, DOSHIE

Team : OIPE

Date: 10/16/2000





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Bib Data Sheet

SERIAL NUMBER 09/596,629	FILING DATE 06/19/2000 RULE -	CLASS 707	GROUP ART UNIT 2776	ATTORNEY DOCKET NO. FE0040355504
APPLICANTS Connie L. Chapman, Manassas, VA ; Melanie M Langston, Manassas, VA ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/141,306 06/28/1999 AND CLAIMS BENEFIT OF 60/146,254 07/29/1999 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/08/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY VA	SHEETS DRAWING 47	TOTAL CLAIMS 70
INDEPENDENT CLAIMS 7				
ADDRESS Christopher F Regan Allen Dyer Doppelt Milbrath & Gilchrist PA PO Box 3791 Orlando ,FL 32802-3791				
TITLE Method and system for distributing an invention disclosure over an intranet				
FILING FEE RECEIVED 2032	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	